



State of Utah Leave Bank Donation Request

Employee Name

Employee Number

Company

Department

Home Agency/Org/Dist. No.

Division

I hereby donate _____ hours of annual leave to:

I hereby donate _____ hours of converted sick leave to:

I hereby donate _____ hours of excess leave to:

the Leave Bank of the Department of: _____

OR

_____ a specific individual in the Department of:

and grant my authorization to have this amount deducted from my leave balance.

I understand that this authorization is irrevocable and these hours will not be restored to my leave balance.

Signature of Employee

Date of Donation

FOR DEPARTMENT USE ONLY

Signature of P/R Clerk deducting leave donation: _____ Date _____

Signature of P/R Clerk adding leave donation: _____ Date _____